

# MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION VOCATIONAL PLANNING AND EVALUATION

P.O. Box 480, Jefferson City, Missouri 65102-0480

### REIMBURSEMENT FOR CONTRACTED SERVICES WITH AREA VOCATIONAL SCHOOLS

### **INSTRUCTIONS**

Submit to the Director of Vocational Planning and Evaluation at the above address on or before April 1. In computing the reimbursement request, include only those students meeting the following criteria:

- (1) The student must be enrolled in a high school provided by the public school district claiming the reimbursement and in a designated area vocational school provided by another school district.
- (2) The school district claiming reimbursement must pay the fee for vocational education services for the student to the school district which provided the services at their designated area vocational school.
- (3) The sending school district qualifies for contracted services reimbursement for a student that attended the area vocational school for the full year in the proportion of the fee that was paid for local district funds (excluding amounts paid by the student, by JTPA funds, or by Perkins Act funds) as follows: full reimbursement for 100% payment, one-half reimbursement for 25% to 49% payment, one-eighth reimbursement for 1% to 24% payment, and no reimbursement for zero payment.
- (4) For students which did not attend the area vocational school throughout the full school year and the sending school district was charged for a portion of the fee, the sending school district qualifies for contracted services reimbursement on the following basis: on semester = one-half reimbursement, one quarter = one-fourth reimbursement, and four and one-half weeks = one-eighth reimbursement.

## REIMBURSEMENT COMPUTATION

Instructions for completing the student enrollment columns: (A) number of students for which the sending school district paid 100% of the fee, (B) number of students for which the sending school district paid 50% to 99% of the fee, (C) number of students for which the sending school district paid 25% to 49% of the fee, (D) number of students for which the sending school district paid 1% to 24% of the fee, and (E) number of students for which the sending school district did not pay any fee.

Instructions for completing the reimbursement amount columns: multiply each number of students recorded in columns (A), (B), (C), and (D) by the appropriate reimbursement rate.

	Fu	ll Payment of I	Fee	Partial Payment of Fee										No Payment	
	(A) Number of Students	Reimb. Rate	(1) Reimb. Amount	(B) Number of Students	Reimb. Rate	(2) Reimb. Rate	(C) Number of Students	Reimb. Rate	(3) Reimb. Amount	(D) Number of Students	Reimb. Rate	(4) Reimb. Amount	(E) Number of Students	Reimb. Rate	
Fee Paid for Full Year		X \$120 =			X \$60 =			X \$30 =			X \$15 =			0	
Fee Paid for One Semester		X \$60 =			X \$30 =			X \$15 =			X \$7.50 =			0	
Fee Paid for One Quarter		X \$30 =			X \$15 =			X \$7.50 =			X \$3.75 =			0	
Fee Paid for 4 ½ Weeks		X \$15 =			X \$7.50 =			X \$3.75 =			X \$1.88 =			0	
To calculate total reimbursement claimed, add amount columns (1), (2), (3), and (4) and enter total here															
CERTIFICATION															
I hereby certify that the information herein is correct to the best of my knowledge and belief.															
Signature of Chief School Administrator					Date		Co/Distric	ct Code	Distric	t Name		·	·	•	

I hereby certify that the information herein is correct to the best of my knowledge and belief.										
Signature of Chief School Administrator	Date	Co/District Code	District Name							
		_								
Name of Area Vocational School Which Students Attended				District Telephone Number						

## FOR STATE OFFICE USE ONLY

County District	Section Code	School Code	Program Code			Area Code			Year Paid	Year Chg.	Purpose	Source	State Amount	Federal Amount	Expenditure	Reimbursement
	110	1050	12 34 0							12	41	\$	\$	\$	\$	